U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

JL 1825

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E CAS DADA	
1. File Number U -	2. Fiscal Year Covered From:
	Through:
3. Name and address of person filing.	Name, file number, and address of labor organization.
Nama	Name
4	Labor Organization File Number
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street Steet	Street Street
City City	City
State ZIP Code + 4	State ZIP Code + 4
5. Position in labor organization.	

Enter appropriate data below if, during the past flacal year, you or your spouse or rainor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or commonetary value from an employer whose employees your organization.	lerived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Salada Sala	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	Because or my emproyment relationship
Street	7.b. Amount I am a producer/director at CBS News.
City City	
State ZIP Code + 4	

Signature			
	16. Signature and vertification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
	Signed //// My John On On John John John John John John John Joh		
L	Telephone Number		
F	Form LM-90 (2003) Page 1 of 2		

File Number U- 3355

Name of Person Filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selfing or lessing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selfing or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code +4 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with: a. Labor Organization b. Truet c. Employer 11.a. Nature of such dealing.	
		7.3
Name		
Trade Name, if any:		4.6
P.O. Box, Bldg., Room No., if any		
Street Street	11.b. Approximate dollar value of such dealing.	
City Control of the C	12.s. Nature of interest held or income received.	
State ZIP Code +4		
	12.b. Amount	3

